

Islamic Republic of Afghanistan
Visa Application Form

Personal Details

Title:

Family Name:

Given Names:

Father's Full Name:

Date of Birth (Gregorian):

Country Of Birth:

Marital Status: ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Widow / Widower

Gender: ☐ Female ☐ Male

Child: (Under 18 Year) ☐ Yes ☐ No

Country of Residence:

Nationality:

Other Nationalities:

Contact Details

Current Address:

Email Address:

Mobile: Fax:
Home Tel: Work Tel:

Employment Details

Current Occupation:

Employer's Name:

Employer's Address:

Previous Employer's Name:

Previous Employer's Address:

Signature: (Please sign within the box)
Date:

Visa Details

Visa Type:

Purpose of Journey: ☐ Business ☐ Conference ☐ Expiation ☐ Tourist ☐ Education ☐ Employment ☐ Visiting Friends / Family ☐ Holiday ☐ Other

Entry Date:

Intended Duration of Stay (days):

Point of Entry:

Number of Children Accompanied:

Place in Afghanistan intended to Visit:

Complete Address in Afghanistan:

Have you ever Visited Afghanistan Before?
☐ Yes ☐ No If yes please provide details:

Have you applied for an Afghanistan Visa before?
☐ Yes ☐ No If yes, please provide details:

Do you have a criminal record? ☐ Yes ☐ No
If yes, please provide details:

Passport Details

Passport Type:

Passport Number:

Place of Issue:

Issue Date:

Expiry Date:

I declare that the information provided in this application is true and correct

Passport Photograph: (Please Attach Within The Square Below)

4×4	*Guarantor must endorse the photo* *This is a true photo of: (name of applicant)* *(signature of guarantor)*

Note: The Photograph must comply with guidelines.